



**X-Ray Analytical Service (XRD) Requisition Form**  
**Centre for Advanced Research in Sciences (CARS)**  
**University of Dhaka, Dhaka-1000, Bangladesh**

E-mail: cars@du.ac.bd, Fax: +88-02-9667222; Form is available at <https://cars.du.ac.bd/services/forms>

X-ray equipment: RIGAKU Ultima IV X-ray Diffractometer

<b>Name of Teacher/Person</b>	:	Dr. Md. Iqbal Ahmed
<b>Department/Institute/Address</b>	:	Khulna University, Pharmacy Discipline
<b>Date of Requisition</b>	:	2024-08-13
<b>Laboratory</b>	:	Basic Facilities and Sample Processing Laboratory
Service Name	:	XRD (Crystalline/Amorphous powder)
<b>Sample ID</b>	:	Sample1 and Sample2
<b>Number of Samples</b>	:	2
<b>Sample Type</b>	:	Pharmaceutical
<b>Sample Composition</b>	:	Powder
<b>Sample Nature</b>	:	
<b>If the sample Contains Moisture or Volatile Org. Solvent (VOS)</b>	:	Present in a small quantity
<b>Sample stability</b>	:	Air and moisture stable
<b>Sample amount / size</b>	:	Not less than 500 mg
<b>Scan range (2-theta<sup>0</sup>)</b>	:	10 <sup>&lt;sup&gt;0&lt;/sup&gt;-70<sup>&lt;sup&gt;0&lt;/sup&gt;</sup></sup>
<b>Step/min</b>	:	Standard (3 degree/minute)
<b>Submit Date</b>	:	2024-08-13
<b>Category for Billing</b>	:	Category C: Service to individual/consultant/institution/agency
Cost	:	Tk. 4000
<b>Student/Person</b>	:	Md Ali Akbar
<b>Mobile No</b>	:	01788068958
<b>Email</b>	:	aliakbar181118@gmail.com

- a. Please note that Pen-drive is not allowed to transfer data from XRD. A blank CD has to be provided with the requisition form if electronic files of the XRD data is requested.

Signature of teacher/person requesting the service: -----

Recommendation from concerned chariman/director

I hereby attest the above declaration and recommend that the above analysis be billed under category -----

**Name and Signature of Chairman/ Director (with seal):** -----

Department/Institute: -----

Date:

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**(For use by the CARS):**

Requisition book entry serial & date:  
Date (s) analyses performed:  
Total number of samples done:  
Analysis log book entry serial & date:

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Chief Scientist/Principal Scientist/Senior Scientist/Scientist/Analyst

Calculation of Bill: -----

Bill number: ----- Date: -----

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Principal Accounts Officer